

BEST AVAILABLE COPY

MULTIPLE DEPT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)				SERIAL NO. <b>0 / 566812</b>	FILING DATE								
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2						52							
3						53							
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46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	4	↓											
TOTAL DEP.	16	↔											
TOTAL CLAIMS	20	[REDACTED]											